

Client Information Sheet

Morse & Associates, LLC

Debtor Information

Client's Legal Name:

First:	Middle:	Last:
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Residence Address:

Street:	
City:	State/Zip:
County:	

Contact Information:

Home Telephone:	Home Fax:
Work Telephone:	Work Fax:
Cell Phone:	E-Mail Address:

Occupation Information:

Employer Name:	Occupational Title:	Starting Date:
Work Street Address:		
Work City:	Work State/Zip:	

Credit / Identification Information:

Social Security Number:	Date of Birth:
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Spouse (Co-Debtor) Information

Spouse's Legal Name:

First:	Middle:	Last:
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Spouse's Address (If Different):

Street:	
City:	State:
County:	

Contact Information (If Different):

Home Telephone:	Home Fax:
Work Telephone:	Work Fax:
Cell Phone:	E-Mail Address:

COMPLETE THE REVERSE SIDE

Occupation Information:

Employer:	Occupational Title:	Starting Date:
Work Street Address:		
Work City:	Work State/Zip:	

Credit / Identification Information:

Social Security Number:	Date of Birth:
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Self Employment Information

List ALL Businesses Currently Open – Operating or Not

Business Information:

Business Name:	EIN:
Nature of Business:	
Business Form (Circle): Sole Proprietorship LLC S-Corp C-Corp Other:	

Business Address:

Street:	
City:	State/Zip:
Business Phone:	Business Fax:

If you hold additional businesses or Incorporations, then please inform the attorney.